



Fort Carson Advanced Basic Trauma Life Support (BTLS-A) Registration Form

Registration for the Advanced Basic Trauma Life Support (BTLS-A) program is required. This form should be on file with the EMT School at least **45 days prior** to the start date of class.

Class Dates: _____ to _____

Last Name: _____ First Name: _____ MI _____

Rank: _____ SSN: _____ MOS _____ ETS: _____

Unit: _____ Duty Phone _____ Home Phone _____

Email address: _____ EMT-B Expiration Date: _____

I understand that the class starts at 0730 on the above date at BLDG 1012.

If I am not in class at that time on that date, I will be dropped and my Platoon Sergeant and Commander/1SG will be notified.

Student must pick up books prior to class start. Recommended 30 days prior, at least 2 weeks prior.

I do not have a profile restricting me from lifting or carrying at least 125 pounds, I possess a current valid CPR card, I am currently EMT-B certified and have advanced skills training (Trauma-AIMS, LPN/LVN, 91B BNCOC).

Student must have CPR and EMT-B cards on registration day or they will not get a seat.

If I am unable to attend the course, I will give the EMT school a minimum of 72 hours notice prior to the start date.

Applications should be submitted at least 45 days prior to course beginning date.

All personnel who are not 91B or 91C's a fee of \$7.00 (check or money order made out to "Colorado BTLS") is due on the first day of class.

Student Signature: _____ CPR Expiration Date: _____

PLATOON SERGEANT

The above named soldier has the advanced skills required to attend this course (Trauma-AIMS, BNCOC, or 91C).

Rank: _____ Last Name: _____ First Name: _____

Signature: _____ Phone: _____

UNIT COMMANDER or 1SG is approving authority and validates that the above soldier will attend the course.

SUPERVISOR: for civilian personnel

The above named soldier has unit authorization to attend the BTLS-A course on the above dates and has no further additional duties or obligations during the course (CQ, SDO, etc).

Rank: _____ Last Name: _____ First Name: _____

Commander/1SG Signature: _____ Commander/1SG Phone: _____

MAJOR COMMAND TRAINING NCO (BRIGADE LEVEL)

Rank: _____ Last Name: _____ First Name: _____

Signature _____ Phone: _____

Questions may be addressed at BLDG # 1012 or phone 526-2820 / 8590. Fax 526-5351.